

Montana Medicaid – Fee Schedule
Elderly and Physically Disabled Home- and Community-Based Services Waiver
September 1, 2011

Description – Procedure code Montana description. Case management teams will indicate which procedure code to use in order to assure correct coding.

Modifier – All Home- and Community-Based Services procedure codes must be followed by a UA modifier.

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight (may be used with procedure code T1019)

TS = follow-up service (may be used with procedure codes S0215, S5125, S5126, S5130, T1002, T1003, T1005, T1019, T2003)

U9 = consumer is enrolled in the Bonanza option.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Medicaid fee for listed codes.

Rates listed are maximum paid. All rates may be negotiated by case management teams who authorize services.

Providers must bill Medicaid the negotiated rate agreed upon with the case management team or with the Department.

Homemaker, Respite, Personal Assistance and Specially Trained Attendant rates are based on negotiations with the Department through the FY2012 Direct Care Worker Wage Initiative process. Providers must submit annual reports to the Department to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing certification letter for FY2012. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
S5100	UA	Adult Day Care	9/1/11	15 Min	Fee Sched	\$2.04	Y	
T1016	UA	Case Management	9/1/11	15 Min	Fee Sched	\$14.45	N	
T2022	UA	Case Management (Based on \$8.87 per day)	9/1/11	Month	Fee Sched	\$274.97	N	
T2024	UA	Case Management plus Supported Living Coordination (Based on \$17.15 per day)	7/1/11	Month	Fee Sched	\$531.65	N	
T2038	UA	Community Transition Services	7/1/11	Service	Fee Sched	\$2,000.00	Y	
H2015	UA	Consultative Clinic and Therapeutic Services	7/1/11	Service	Fee Sched	\$350.00	Y	
T2020	UA	Day Habilitation	9/1/11	Day	Fee Sched	\$74.20	Y	
S5165	UA	Environmental Accessibility Adaptations - Home	10/1/03	Service	Fee Sched	\$4,000.00	Y	
T2039	UA	Environmental Accessibility Adaptations - Vehicle	10/1/03	Service	Fee Sched	\$4,000.00	Y	
T1027	UA	Family Training & Support	9/1/11	15 Min	Fee Sched	\$7.86	Y	
T2040	UA	Financial Manager (do not use with U9 modifier)	9/1/11	Month	Fee Sched	\$160.00	Y	
H2032	UA	Health and Wellness	7/1/11	Session	Fee Sched	\$175.00	Y	
	UA	Adaptive Recreational Therapy	7/1/11	Session	Fee Sched	\$55.00	Y	
	UA	Exercise Classes	7/1/11	Class	Fee Sched	\$65.00	Y	
	UA	Health Club Membership	7/1/11	Monthly	Fee Sched	\$65.00	Y	
	UA	Hippotherapy	7/1/11	Session	Fee Sched	\$45.00	Y	
	UA	Wellness Classes	7/1/11	Session	Fee Sched	\$175.00	Y	
S5130	UA	Homemaker	9/1/11	15 Min	Fee Sched	\$3.20–\$4.08	Y	Y
S5131	UA	Homemaker Chores	10/1/03	Service	Fee Sched	\$250.00	Y	
T2041	UA	Independence Advisor (do not use with U9 modifier)	9/1/11	Month	Fee Sched	\$160.00	Y	
S5170	UA	Nutrition (Meals)	9/1/11	Meal	Fee Sched	\$5.26	Y	
S9452	UA	Nutrition Classes, Nutritionalist	7/1/11	Session	Fee Sched	\$45.75	Y	
S9470	UA	Nutritional Counseling, Dietician	7/1/11	Visit	Fee Sched	\$45.75	Y	
97003	UA	Occupational Therapy - Evaluation	8/1/11	Visit	Fee Sched	\$54.47	Y	
97150	UA	Occupational Therapy - Group	8/1/11	15 Min	Fee Sched	\$12.99	Y	
97530	UA	Occupational Therapy - Individual	8/1/11	15 Min	Fee Sched	\$22.05	Y	
T2025	UA	Pain and Symptom Management	7/1/11	Session	Fee Sched	\$650.00	Y	
	UA	Acupuncture	7/1/11	Session	Fee Sched	\$70.00	Y	
	UA	Chiropractic	7/1/11	Session	Fee Sched	\$75.00	Y	
	UA	CrainioSacral Therapy	7/1/11	Session	Fee Sched	\$70.00	Y	
	UA	Hyperbaric Oxygen Therapy	7/1/11	Session	Fee Sched	Negotiated	Y	
	UA	Massage Therapy	7/1/11	Session	Fee Sched	\$70.00	Y	
	UA	Mind-Body Therapies (Such as Hypnosis and Biofeedback)	7/1/11	Session	Fee Sched	\$125.00	Y	
	UA	Specialized Nursing Services	7/1/11	Session	Fee Sched	\$70.00	Y	

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	UA	Pain Mitigation Counseling/Coaching	7/1/11	Treatment	Fee Sched	\$650.00	Y	
	UA	Reflexology	7/1/11	Session	Fee Sched	\$70.00	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	8/1/11	15 Min	Fee Sched	\$4.45–\$4.96	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	8/1/11	15 Min	Fee Sched	\$4.45–\$4.96	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	8/1/11	15 Min	Fee Sched	\$3.68–\$4.16	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	8/1/11	15 Min	Fee Sched	\$3.68–\$4.16	Y	Y
T1020	UA	Personal Assistance Attendant - Per Day	9/1/11	Day	Fee Sched	\$9.74	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/03	Month	Fee Sched	\$69.00	Y	
S5160	UA	Personal Emergency Response System - Installation and	10/1/03	Item	Fee Sched	\$100.00	Y	
S5162	UA	Personal Emergency Response System - Purchase	10/1/03	Item	Fee Sched	\$800.00	Y	
97001	UA	Physical Therapy - Evaluation	8/1/11	Visit	Fee Sched	\$49.36	Y	
97150	UA	Physical Therapy - Group	8/1/11	15 Min	Fee Sched	\$12.99	Y	
97530	UA	Physical Therapy - Individual	8/1/11	15 Min	Fee Sched	\$22.05	Y	
H2001	UA	Post Acute Rehabilitation						
	UA	Community Residential Rehabilitation	10/1/09	Day	Fee Sched	\$717.09	Y	
	UA	Comprehensive Day Treatment	10/1/09	Hour	Fee Sched	\$95.61	Y	
T2015	UA	Prevocational Services	9/1/11	Hour	Fee Sched	\$7.24	Y	
T1003	UA	Private Duty Nursing - LPN	8/1/11	15 Min	Fee Sched	\$6.87	Y	
T1002	UA	Private Duty Nursing - RN	8/1/11	15 Min	Fee Sched	\$8.14	Y	
T1001	UA	Registered Nurse Supervision	9/1/11	15 Min	Fee Sched	\$11.25	Y	
		Residential Habilitation			Fee Sched			
T2031	UA	Res Hab - Assisted Living Facilities and Adult Foster Homes	9/1/11	Day	Fee Sched	\$70.65	Y	
T2031	UA	Res Hab - Residential Hospice	9/1/11	Day	Fee Sched	\$80.00	Y	
S5145	UA	Res Hab - Child Foster Care	7/1/11	15 Min	Fee Sched	\$100.80	Y	
T2016	UA	Res Hab - Group Home	9/1/11	Day	Fee Sched	\$145.91	Y	
T2016	UA	Res Hab - TBI-AR	9/1/11	Day	Fee Sched	\$100.80	Y	
G0238	UA	Respiratory Therapeutic Procedures	9/1/11	15 Min	Fee Sched	\$8.14	Y	
99503	UA	Respiratory Therapy	9/1/11	Visit	Fee Sched	\$25.00	Y	
T1005	UA	Respite Care	9/1/11	15 Min	Fee Sched	\$3.20–\$4.08	Y	Y
H0045	UA	Respite Care - Assisted Living & Adult Foster Care	8/1/11	Day	Fee Sched	\$161.75	Y	Ave NF rate
H0045	UA	Respite Care - Hospital	10/1/03	Day	Fee Sched	\$360.00	Y	
H0045	UA	Respite Care - Nursing Facility	8/1/11	Day	Fee Sched	* Medicaid Rate	Y	
S5135	UA	Senior Companion	7/1/11	15 Min	Fee Sched	\$1.25	Y	
T2027	UA	Special Child Care for Children	9/1/11	15 Min	Fee Sched	\$5.22	Y	
T2029	UA	Specialized Medical Equipment	10/1/03	Item	Fee Sched	\$2,000.00	Y	

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T2028	UA	Specialized Medical Supplies	10/1/03	Item	Fee Sched	\$2,000.00	Y	
S5125	UA	Specially Trained Attendant	9/1/11	15 Min	Fee Sched	\$5.22	Y	Y
S9124	UA	Specially Trained Attendant - LPN	8/1/11	15 Min	Fee Sched	\$6.87	Y	
S9123	UA	Specially Trained Attendant - RN	8/1/11	15 Min	Fee Sched	\$8.14	Y	
92506	UA	Speech Therapy - Evaluation	8/1/11	Visit	Fee Sched	\$114.20	Y	
92508	UA	Speech Therapy - Group	8/1/11	15 Min	Fee Sched	\$18.34	Y	
92507	UA	Speech Therapy - Individual	8/1/11	15 Min	Fee Sched	\$56.05	Y	
T2019	UA	Supported Employment	10/1/09	15 Min	Fee Sched	\$12.12	Y	
T2033	UA	Supported Living	9/1/11	Day	Fee Sched	\$213.20	Y	
S0215	UA	Transportation - Miles	10/1/08	Mile	Fee Sched	\$0.33	Y	
T2003	UA	Transportation - Trip	9/1/11	Trip	Fee Sched	\$12.16	Y	

Services listed below are billed only by financial managers and independent advisors approved by the Senior and Long-Term Care Division and for consumers who are enrolled in the Bonanza option.

Proc	Mod	Description	Effective	Unit	Method	Fee	PA
S5126	UA U9	Community Supports Services	9/1/11	15 Min	Fee Sched	\$5.22	N
S5126	UA U9	Community Supports Services – Transportation Miles	9/1/11	Mile	Fee Sched	\$0.51	N
T2040	UA U9	Financial Manager	9/1/11	Month	Fee Sched	\$160.00	N
S9986	UA U9	Goods and Services (other than supplies)	7/1/06	Service	Fee Sched	\$500.00	N
T5999	UA U9	Goods and Services (supplies)	7/1/06	Item	Fee Sched	\$500.00	N
T2041	UA U9	Independence Advisor	9/1/11	Month	Fee Sched	\$160.00	N

* Nursing Facility Medicaid rate can be found on <http://www.dphhs.mt.gov/sltc/services/nursingfacilities/Medicaid/IndexMedicaidRates.shtml>.